



UNIVERSAL BLOOD LEAD SCREENING

Screen all children up to 6 years of age (9 to 72 months) for lead poisoning at least once annually.

For a child between 9 and 36 months of age

- Screen once between 9 and 15 months of age, and
- Screen again 12 months later, between 21 and 27 months of age.

If the child has an elevated blood lead level, follow the Recommended Actions.

For a child between 36 and 72 months of age

- If a child was screened at least twice prior to 36 months of age, and any test was greater than or equal to 10 µg/dL, continue to order a blood lead test at least once a year until the child turns 6 years of age.
- If a child was screened at least twice prior to 36 months of age, and ALL tests were less than 10 µg/dL, the Risk Assessment Questionnaire below can be used instead of a blood lead test, to screen for lead.
- If a child was NOT screened at least twice prior to 36 months of age, order a blood lead test.
 - » If the blood lead level is greater than or equal to 10 µg/dL, follow the Recommended Actions and screen annually.
 - » If the blood lead level is below 10 µg/dL, the Risk Assessment Questionnaire below can be used instead of a blood lead test, to screen for lead, in the future.

Note: Children who are developmentally delayed should receive blood lead screening tests at intervals appropriate for their developmental age.

RISK ASSESSMENT QUESTIONNAIRE

If the answer to ANY of these questions is “Yes,” order a blood lead test.
If the answer to ALL of these questions is “No,” blood lead testing can be discontinued, but the Risk Assessment Questionnaire should be administered annually until the child turns 6 years of age.

- 1 Does your child live in or regularly visit a house built before 1950 with peeling or chipping paint (day-care center, pre-school, home of babysitter, friend, or relative)?
- 2 Does your child live in or regularly visit a house built before 1978 that has been renovated or remodeled in the last 6 months?
- 3 Does your child have a brother, sister, housemate, or playmate who has or did have lead poisoning?
- 4 Does your child live near an active smelter, battery recycling plant, or other industry likely to release lead?
- 5 Does your child live with an adult whose job (i.e. construction, painting) or hobby (i.e. pottery, stained glass, furniture refinishing, automotive bodywork, and boat refinishing) involves exposure to lead?

PEDIATRIC BLOOD LEAD SCREENING GUIDELINES

Capillary Screening

CAPILLARY BLOOD LEAD LEVEL (BLL)	RECOMMENDED ACTIONS FOR PRIMARY CARE PROVIDER
<10 µg/dL	No confirmation needed.
10-19 µg/dL	Confirm with venous blood lead test within 3 months.
20-44 µg/dL	Confirm with venous blood lead test within 1 week.
≥ 45 µg/dL	Confirm with venous blood lead test within 48 hours.

Venous Screening

VENOUS BLOOD LEAD LEVEL (BLL)	RECOMMENDED ACTIONS FOR PRIMARY CARE PROVIDER
<10 µg/dL	Provide lead education and continue to assess for lead exposure risk at every well-child visit using the “Risk Assessment Questionnaire.”
10-14 µg/dL	<ul style="list-style-type: none">• Retest in 3 months.• Explain child’s lead level to parents.• Assess nutritional status.• Test siblings under 6 years of age.• Provide lead education (for brochures call: 1-800-942-7434).
15-19 µg/dL	<ul style="list-style-type: none">• Follow same recommendations for venous BLL 10-14 µg/dL.• Inform family that the Department of Health has referred them to a lead center for non-medical case management services.
20-44 µg/dL	Refer for medical evaluation and treatment. <ul style="list-style-type: none">• St. Joseph’s Lead Clinic: 456-4310• Memorial Hospital’s Lead Clinic: 729-2582
≥ 45 µg/dL	<ul style="list-style-type: none">• Follow same recommendations for venous BLL 20-44 µg/dL.• Repeat immediately as stat lab test. If test result is ≥ 45 µg/dL consider hospitalization.

DEPARTMENT OF HEALTH FOLLOW-UP SERVICES

BLOOD LEAD LEVEL (BLL)	ACTIONS TAKEN BY THE RHODE ISLAND DEPARTMENT OF HEALTH
<10 µg/dL (venous or capillary level)	No action is taken unless exposure sources change.
≥ 10 µg/dL (capillary)	Send letter to healthcare provider recommending confirmatory venous test.
10-14 µg/dL (venous or capillary level)	Mail lead educational materials directly to parents.
15-19 µg/dL (venous level)	Refer family to a lead center for non-medical case management services.
Persistent 15-19 µg/dL* or 20-44 µg/dL (venous level)	<ul style="list-style-type: none">• Refer family to a lead center for non-medical case management services.• Refer for environmental inspection provided by the Department of Health. * Two BLLs 15-19 µg/dL done 90-365 days apart.
≥ 45 µg/dL (venous level)	<ul style="list-style-type: none">• Expedite a referral to a lead center for non-medical case management services.• Expedite a referral for environmental inspection.



QUESTIONS?

CALL PETER SIMON, MD, MPH
RHODE ISLAND DEPARTMENT OF HEALTH, 401-222-5928

ONLINE INFORMATION

RHODE ISLAND DEPARTMENT OF HEALTH
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
WWW.HEALTH.RI.GOV/LEAD

RHODE ISLAND DEPARTMENT OF HEALTH
• HEALTH INFORMATION LINE, 1-800-942-7434
• LABORATORY, 222-5600

RHODE ISLAND LEAD CENTERS
• BLACKSTONE VALLEY COMMUNITY ACTION, 732-4520 X248
• EAST BAY COMMUNITY ACTION, 848-6697 X204
• ST. JOSEPH LEAD CENTER, 456-4310
• WEST BAY COMMUNITY ACTION, 732-4660 X144

RHODE ISLAND HOUSING, 751-5566
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, 222-1360
CHILDHOOD LEAD ACTION PROJECT, 785-1310